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## PERMANENT COMMISSION ON THE STATUS OF WOMEN

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**Testimony of  
Natasha M. Pierre  
Associate Legislative Analyst  
Permanent Commission on the Status of Women  
Before the  
Insurance and Real Estate Committee  
Tuesday, March 14, 2006**

### In Support of:

**H.B. 5779, AA Increasing the Availability of Health Insurance for Small Businesses  
S.B. 552, AAC Health Insurance Coverage for Medical Services and Treatment for  
Morbid Obesity**

Good morning Senator Crisco, Representative O'Connor and members of the committee. My name is Natasha Pierre and I am the Associate Legislative Analyst for the Permanent Commission on the Status of Women. Thank you for this opportunity to testify on two bills that address health insurance and the needs of those who are uninsured or under-insured.

### **H.B. 5779, AA Increasing the Availability of Health Insurance for Small Businesses**

As you may know, the PCSW convenes the Women's Economic Development Initiative (WEDI) to support the growth of women-owned small businesses, and we work collaboratively with the Connecticut chapter of NAWBO, the National Association of Women Business Owners. Every year, the top priority for the businesswomen with

whom we work is securing affordable health insurance for themselves and their employees. That is why we are here today to support H.B. 5579 which would reduce health insurance costs for small employers.

Women owned businesses are important contributors to the Connecticut economy. In 2004, there were an estimated 81, 987 privately-held, majority women-owned businesses in Connecticut that generated \$7.5 billion in sales and employed 74,125 people. The number of these firms grew by 20.8 % from 1997-2004.<sup>1</sup> Small, women-owned businesses are not only a pathway to economic security for some women – they also contribute to Connecticut's economic growth.

Preliminary results from a survey of Connecticut women business owners conducted this year confirms that the number one issue of concern for women business owners is the cost of health care.<sup>2</sup> Because of the high price of health care, it is harder for these businesses to recruit and retain the best employees and to be competitive. The financial burden on the women-owned businesses that do provide health care can be significant.

The goal of H.B. 5779 is to reduce insurance premiums, which is a positive step forward in relieving the financial pains of small businesses that are trying to provide health care for their employees. We urge your support of this bill.

### **S.B. 552, AAC Health Insurance Coverage for Medical Services and Treatment for Morbid Obesity**

We also support SB 552 which would provide limited coverage for diagnosis and treatment of morbid obesity including dietetic consultations, nutrition education and health and behavioral assessments.

Obesity is associated with significant health problems and is an early risk factor for disease and, ultimately, death.<sup>3</sup> Nationally, 30% of the adult population is obese.<sup>4</sup> Women are disproportionately obese: 33% of adult women are obese compared to 28% of adult men. Fifteen percent of girls between ages 6-19 are considered overweight.<sup>5</sup> In Connecticut, 19% of the adult population<sup>6</sup> and 25% of children between the ages of 6-17<sup>7</sup> are considered obese or overweight.

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<sup>1</sup> The Center for Women's Business Research.

<sup>2</sup> Presentation of Leila Fecho, Policy Chair, CT Chapter, National Association of Women Business Owners at PCSW's Making Women Visible Day, February 16, 2006.

<sup>3</sup> Committee on Nutrition, American Academy of Pediatrics. (2003). Policy Statement: Prevention of Pediatric Overweight and Obesity, Committee on Nutrition. *Pediatrics*, 112 (2):424-430.

<sup>4</sup> Flegal K, Carroll M, Ogden C, & Johnson C. (2002). Prevalence and trends in obesity among US adults, 1999-2000. *JAMA*, 288:1723-7.

<sup>5</sup> Hedley, A., Ogden, C., Johnson, C., Carroll, M., Curtin, L., & Flegal, K. (2004). Overweight and obesity among US children, adolescents, and adults, 1999-2002. *JAMA*, 291:2847-50.

<sup>6</sup> Adult Obesity, Diabetes & Hypertension Rates: CDC's Behavioral Risk Factor Surveillance Survey, 2003.

<sup>7</sup> Buhl, L., Meliso, P., Roman, S., Zito, K., & DeChello, L. on behalf of the University of Connecticut Graduate Program in Public Health. (2005). Halting Childhood Obesity in Connecticut. Farmington, CT.

Throughout the United States, obesity has increased in people of all ethnic groups, ages and genders. This is not an isolated threat to health, nor one limited to a particular population group. However, among some racial, ethnic and socioeconomic groups, the prevalence of obesity and many obesity-related risk factors are especially high. Obesity is more common among African-American and Hispanic women and children. Among adult women, obesity is highest among African American and Mexican American women. Of females ages 20 and older, 77.3% of Black/African-American women,<sup>8</sup> and 71.7% of Mexican-American women are overweight or obese.<sup>9</sup> According to a national study conducted between 1986 and 1998, overweight prevalence rose more than 120% among African Americans and Hispanic children, compared to 50% among Whites.<sup>10</sup>

In 2003, direct health costs associated with the treatment of obesity-related diseases amounted to \$75 billion, which rose from \$52 billion in annual spending in 1995.<sup>11</sup> In 2003, health costs associated with obesity-related illnesses amounted to \$856 million in Connecticut.<sup>12</sup> We urge your support of S.B. 552 because it is a step in the right direction to prevent illnesses related to obesity and minimize the long-term health care costs.

Thank you for your attention to these important matters.

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<sup>8</sup> American Heart Association. *Heart Disease and Stroke Statistics – 2004 Update*.

<sup>9</sup> Hedley AA et. al. *Prevalence of overweight and obesity among US children, adolescents and adults, 1999-2002*. *Jama* 2004;291:2847-50 and *Vital Health Stats*, Feb 200, Series 10, No.219.

<sup>10</sup> *Ibid*.

<sup>11</sup> Finkelstein, E., Fiebelkorn, I., & Wang, G. (2004). State-level estimates of annual medical expenditures attributable to obesity. *Obesity Research*, 12: 18-24.

<sup>12</sup> Harsha, D. (1995). The benefits of physical activity in childhood. *American Journal of Medical Science*, 310 (Suppl 1): S109-13.